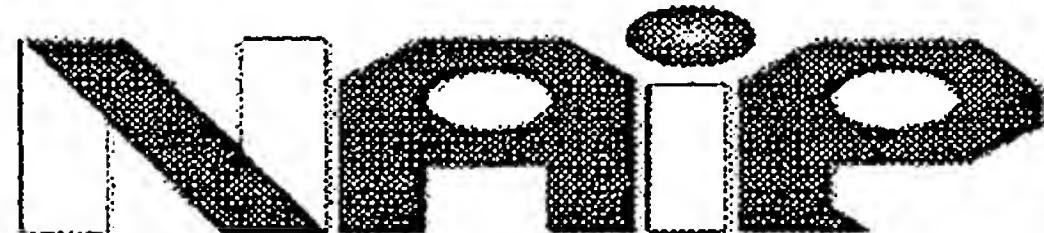


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**North America
Intellectual Property Corporation**

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Art Unit: 2626

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From: Winston Hsu, Registration No. 41,526

Serial No.: 10/605,482

Attorney Docket No.: ALIP0025USA

**Subject: Response to a telephone call with the Examiner on
October 31, 2007**

Total Pages: 10 pages (including cover page)

Winston Hsu 11/06/2007

ALIP0025USA0_A3_2

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PTO/SB/21 (07-06)

Approved for use through 09/30/2006. OMB 0651-0031
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**TRANSMITTAL
FORM**

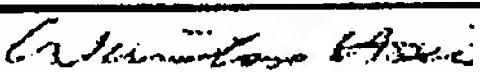
(to be used for all correspondence after initial filing)

Application Number	10/605,482		
Filing Date	10/02/2003		
First Named Inventor	Gin-Der Wu		
Art Unit	2626		
Examiner Name	SERROU, ABDELALI		
Total Number of Pages in This Submission	9	Attorney Docket Number	ALIP0025USA

ENCLOSURES (Check all that apply)

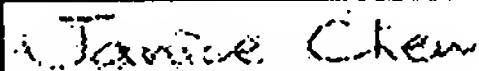
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement		Remarks
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	North America Intellectual Property Corporation		
Signature			
Printed name	Winston Hsu		
Date	11/6/2007	Reg. No.	41,526

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or the date shown below:

Signature			
Typed or printed name	Janice Chen	Date	11/6/2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (02-07)

Approved for use through 02/28/2007. OMB 0651-0032

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**0.00**

Complete If Known

Application Number	10/605,482
Filing Date	10/02/2003
First Named Inventor	Gin-Der Wu
Examiner Name	SERROU, ABDELALI
Art Unit	2626
Attorney Docket No.	ALIP0025USA

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: **50-3105** Deposit Account Name: North America Intellectual Property Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
- 20 or HP =	x	=		50	25
HP = highest number of total claims paid for, if greater than 20.				200	100

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	x	=			
HP = highest number of independent claims paid for, if greater than 3.					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50	(round up to a whole number)	x	=

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

- 100 = / 50 (round up to a whole number) x = _____

Fee (\$) Fee Paid (\$)

- 3 or HP = x = _____

HP = highest number of independent claims paid for, if greater than 3.

Fee (\$) Fee Paid (\$)

- 20 or HP = x = _____

HP = highest number of total claims paid for, if greater than 20.

Fee (\$) Fee Paid (\$)

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Fee (\$) Fee Paid (\$)

- 3 or HP = x = _____

HP = highest number of independent claims paid for, if greater than 3.

Fee (\$) Fee Paid (\$)

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Appl. No.	:	10/605,482	Confirmation No.	2481
Applicant	:	Gin-Der Wu		
Filed	:	October 2, 2003		
TC/A.U.	:	2626		
Examiner	:	SERROU, ABDELALI		
Docket No.	:	ALIP0025USA		
Customer No.	:	27765		

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

SUPPLEMENTAL AMENDMENT

Sir:

5 In response to a telephone call with the Examiner on October 31, 2007, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.